

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Axel ULLRICH et al.  
Title: TREATMENT OF DIABETES MELLITUS AND  
INSULIN RECEPTOR SIGNAL TRANSDUCTION  
Prior Appl. No.: 09/232,073  
Prior Appl. Filing Date: 01/15/1999  
Examiner: P. Patten  
Art Unit: 1651

**CONTINUING PATENT APPLICATION**  
**TRANSMITTAL LETTER**

Commissioner for Patents  
Box PATENT APPLICATION  
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

☒ Continuation    ☐ Division    ☐ Continuation-In-Part (CIP)

of the above-identified co-pending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- ☒ Table of Contents (2 pages).
- ☒ Specification, Claim(s), and Abstract (56 pages).
- ☒ Informal drawings (10 sheets, Figures 1-8).
- ☒ Unexecuted Declaration and Power of Attorney (4 pages).
- ☒ Information Disclosure Statement (2 pages).
- ☒ Form PTO-1449 (1 page).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$710.00	\$710.00
Total Claims:	1	- 20	= 0	x \$18.00	= \$0.00
Independents:	1	- 3	= 0	x \$80.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+	\$270.00	= \$0.00
				SUBTOTAL:	= \$710.00
[ ]				Small Entity Fees Apply (subtract ½ of above):	= \$0.00
				TOTAL FILING FEE:	= \$710.00

- [ X ] A check in the amount of \$710.00 to cover the filing fee is enclosed.
- [ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

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Respectfully submitted,

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**TREATMENT OF DIABETES MELLITUS AND  
INSULIN RECEPTOR SIGNAL TRANSDUCTION**

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